



## REQUEST FOR LIVE SCAN SERVICE

### Applicant Submission

AA729

ORI (Code assigned by DOJ)

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

#### Contributing Agency Information:

DEPARTMENT OF PUBLIC HEALTH

Agency Authorized to Receive Criminal Record Information

5555 FERGUSON DR. SUITE 220

Street Address or P.O. Box

COMMERCE

City

CA

State

90022

ZIP Code

12063

Mail Code (five-digit code assigned by DOJ)

JOHANNA PRIETO

Contact Name (mandatory for all school submissions)

(323) 914-8282

Contact Telephone Number

#### Applicant Information:

Last Name

Other Name

(AKA or Alias) Last

Date of Birth

Sex ☐ Male ☐ Female

Height

Weight

Eye Color

Hair Color

Place of Birth (State or Country)

Social Security Number

Home

Address Street Address or P.O. Box

First Name

Middle Initial

Suffix

First

Suffix

Driver's License Number

Billing

Number 143236

(Agency Billing Number)

Misc.

Number

(Other Identification Number)

City

State

ZIP Code

Your Number:

OCA Number (Agency Identifying Number)

Level of Service:

☐

DOJ

☐

FBI

If re-submission, list original ATI number:  
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Street Address or P.O. Box

City

State

ZIP Code

Mail Code (five digit code assigned by DOJ)

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed

**COUNTY OF LOS ANGELES  
EMPLOYEE INFORMATION SHEET**

1. LAST NAME		FIRST NAME		MIDDLE NAME		2. Social Security Number	
						2b. Driver License # & Exp. Date	
3. OTHER NAMES USED							
5a. Residence—Street Address				City		State, Zip Code	
5b. E-Mail Address							
6. Since (date)				7. Telephone No.			
8. Date of Birth		9. Date Residency Established California		10. Date Residency Established In Los Angeles County			
11. In Emergency Notify:				12. Telephone No.			
13a. Street Address				13b. City, State, Zip Code			
14a. Military Service in the Armed Forces of the United States				From		To	
14c. Highest Rank or Rating				14d. Branch		14e. Type of Discharge	
14f. Military Service as a Reservist				From		To	
15. Foreign Languages	CHECK			16. EDUCATION (Name and Location of School)	Last Grade Completed	Date Completed	Major
	Read	Write	Speak				
Spanish				Grammar and High School			
Other				Other			
Other				Other			
17. Professional or Technical Licenses, Permits, etc. (Write state, county or city in which registered/licensed).							
18. Have you ever worked for the County of Los Angeles under a different name? If so, please provide details							
19. For County employment you must be either (a) a citizen of the United States of America, or (b) a registered alien with government permission to work in this country. Does either (a) or (b) describe your status as a resident of this Country?							
Yes                      No							
20. Shifts you are willing to work:							
A. <input type="checkbox"/> Day Shift      B. <input type="checkbox"/> Night Shift      C. <input type="checkbox"/> Swing Shift      D. <input type="checkbox"/> Weekend Shift      E. <input type="checkbox"/> On Call F. <input type="checkbox"/> Weekends and Holidays      G. <input type="checkbox"/> Any							

[illegible]

REV 7 1 12

DATE \_\_\_\_\_

SIGNATURE OF APPLICANT



## BACKGROUND INVESTIGATION POLICY

As part of its background review, the County of Los Angeles fingerprints all incoming candidates selected for a position and receives criminal history information for each set of prints from the State of California Department of Justice Bureau of Criminal Identification and Information (Department of Justice). Any such information received from the Department of Justice that has not been disclosed by the candidate/employee on the employment application and/or employee information sheet may constitute grounds for immediate termination.

The background investigation is a condition of employment and necessary to determine your suitability for employment with the Department of Public health.

Your signature below certifies your knowledge of this requirement.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources Staff

\_\_\_\_\_  
Date

**DPH/HR USE ONLY**

CLASSIFICATION: \_\_\_\_\_

TYPE OF APPOINTMENT: \_\_\_\_\_

PROGRAM: \_\_\_\_\_

PROGRAM CONTACT NAME: \_\_\_\_\_

HR TECH: \_\_\_\_\_

*To Protect health, prevent disease, and promote health and well-being*



## WORK STATUS QUESTIONNAIRE

NAME: \_\_\_\_\_

SS#: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DEPT. NAME/NO: \_\_\_\_\_

CLASSIFICATION: \_\_\_\_\_

The following information is needed to ensure that persons are placed in work which is safe and healthful for them. An answer of "yes" to any of the questions below will not disqualify you from employment.

Please answer each question below and sign and date the form where indicated.

1. Can you perform the essential job functions of the above position with/without reasonable work accommodations? (Check One)

☐ Yes

Accommodations are needed. Please complete a Voluntary Request for Reasonable Accommodations forms.

☐ Yes

No accommodations are needed.

☐ Yes

I cannot perform the essential job functions with/without reasonable work accommodations.

2. Have you ever filled out this form or a similar work status questionnaire for employment in any department within the County of Los Angeles?

( ) Yes

Dept. Name/No. \_\_\_\_\_

( ) No

The above information is true and correct to the best of my knowledge. The duties of the above position have been explained to me, and I understand what they entail.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*To Protect health, prevent disease, and promote health and well-being*



### **ACKNOWLEDGEMENT OF EMPLOYEE RESPONSIBILITIES**

Federal and State Laws, the Los Angeles County Code, and policies of the County and its departments prohibit conduct by County employees in the workplace that are considered unlawful discrimination, including creation of hostile work environment based on race, color, gender, age, disability, sexual orientation, pregnancy, sexual harassment, and retaliation.

It is the responsibility of every County employee to conduct him/herself in a manner consistent with these laws and County policies. This is a reminder that conduct that violates these laws or County disciplinary action by the County or both.

#### **Employee Certification Section**

I acknowledge receipt of and have read the Acknowledgement of Employee Responsibilities.

Employee Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Witness Verification**

I provided the employee with a copy of the Acknowledgement of Employee Responsibilities.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Volunteer Assignment Agreement

Name: \_\_\_\_\_

Date Assigned: \_\_\_\_\_

Admin Liaison: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### VOLUNTEER AGREES TO PROVIDE THE FOLLOWING SERVICES:

#### VOLUNTEER RESPONSIBILITIES AND LIMITATIONS

1. Keep confidential all information as required.
2. Refrain from publishing any data gathered during the volunteer assignment or disseminating commercial advertisements, press releases, opinions or feature articles without prior written consent of the Volunteer and Special Program Director.
3. Refrain from any type of solicitation or charging, requesting, or accepting any fee, gift, reward or payment of any kind from individuals or staff for any services rendered as a volunteer.
4. Refrain from offering medical and/or legal advice and referral to individuals, even though you may be asked for such.
5. If you drive your car as part of your volunteer assignment, you must maintain a current driver's license and automobile liability insurance.
6. Report immediately any known or suspected incident of abuse to children, dependent adults, or elders, to a child protective services agency, the Elder Abuse Hotline, County Long Term Care Ombudsman or local law enforcement agency as well as to the Volunteer Coordinator.
7. Refrain from performing duties other than those listed above. If you want to provide new or additional services, a new arrangement must be completed.
8. Refrain from handling personal resources such as bank accounts, cash, checks, notes, mortgages, trust deeds, sales contracts, stocks, bonds, certificates or other liquid assets of individuals with whom you are working as a volunteer.
9. If your assignment is with a child, always carry your "Field Trip Authorization: form with during activities.
10. Complete a report of your volunteer hours each month.
11. Always carry or wear your "Photo Identification Card" when engaged in activities as volunteer for your program.
12. Contact the individual with whom you are working as a volunteer, Administrative Liaison or Volunteer Coordinator whenever you cannot follow through with prearranges plan.
13. Contact the Administrative Liaison or Volunteer Coordinator immediately when any problems arise, i.e. if you or the individual with whom you are working is injured in the course of your volunteer assignment.

I have read and understand the responsibilities and limitations as stated above and I agree to abide by them in carrying out my duties.

Volunteer Signature: \_\_\_\_\_

Date: \_\_\_\_\_